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ABSTRACT

As part of the statewide Illinois Articulation Initiative, a panel was formed in October 1993 to develop a model articulated nursing curriculum and minimum nursing competencies. This report presents the findings, conclusions, and recommendations of the panel. Following a brief introduction, the history of articulation efforts and policies in Illinois is reviewed and background information is provided on nursing articulation efforts and policies, the state articulation initiative and school-to-work transition system, and the goals and role of the nursing panel. Findings from a literature review undertaken by the panel are then presented regarding nursing articulation models and trends in health care, nursing, and nursing education. Fourteen assumptions related to the articulation process are provided. The following three model curriculum paths developed by the panel are then set forth: (1) from nursing assistant to associate-level pre-nursing coursework to a baccalaureate degree; (2) from nursing assistant to licensed practical nurse to an associate degree; and (3) from a high school-level nursing assistant certificate program to an associate degree to a bachelor's degree. Nursing competencies developed by the panel are presented for five nursing functions: provide care, manage health-related situations, teach, conduct research, and participate as a member of the discipline. For each function, conceptual, technical, contextual, interpersonal communication, integrative, and adaptive competencies are presented. Finally, the report outlines recommendations for implementing the model. Contains 29 references and a glossary. (BCY)

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ILLINOIS ARTICULATION INITIATIVE IN NURSING EDUCATION

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INTRODUCTION

In October 1993, the Nursing Panel of the Illinois Health Articulation Project was established by the Illinois Board of Higher Education, in cooperation with the Illinois State Board of Education and the Illinois Community College Board, to develop a model articulated nursing curriculum that spanned the education of certified nurse assistant to licensed practical nurse to associate degree nurse to baccalaureate degree nurse. The panel was composed of representatives from high schools, vocational-technical centers, community colleges, public and private universities, as well as hospital-based diploma programs and industry. This report presents the findings, conclusions, and recommendations of the panel.

The nursing competency model presented here was developed based upon various assumptions that are stated later in the report; expansion of pathways to practice to include alternative paths to practice, such as school-to-work; and the study of other national nursing articulation models. The use of a professional education framework to articulation, along with an increased number of levels of articulation and inclusion of industry in its development, makes this nursing education model unique in its articulation of general education and nursing curricula.

BACKGROUND

Early Articulation Efforts

Since locally governed colleges existed prior to the creation of the Board of Higher Education, the Illinois Community College Board, and the public community college system, policies and practices regarding the transfer of students and the articulation of programs and courses among institutions developed first through voluntary cooperative efforts among institutions. Following the release in 1964 of a national study on the success of junior college transfer students, the University of Illinois sponsored a statewide conference to discuss the study's findings and its implications for Illinois. The institutional representatives attending the conference identified articulation as a problem that needed to be addressed more widely. As a result, at a second conference held in 1966, representatives of 73 Illinois colleges and universities called for the establishment of a statewide organization to improve articulation within the state.

As a result of the 1966 conference, this statewide organization became the Transfer Coordinators of Illinois Colleges and Universities. Membership in the organization is voluntary and open to any institution in the state that designates a transfer coordinator. The Coordinators meet twice a year to exchange information on institutional transfer policies and to identify--and, when possible, resolve--issues related to transfer and articulation. The Transfer Coordinators developed and continue to maintain a procedure for articulating courses among institutions.

First Board of Higher Education Policy on Articulation

Once established, the Board of Higher Education and the Illinois Community College Board also took an interest in articulation and transfer. In April 1970, the Board of Higher Education appointed an Articulation Study Committee to assess articulation practices and to recommend a statewide articulation policy to assure maximum freedom for students in transferring from community colleges to baccalaureate degree-granting institutions. In December 1970, the Board of Higher Education adopted its first state-level articulation policy, a resolution that called on the higher education community to recognize public community colleges as partners with baccalaureate institutions in the state "in the delivery of the first two years of education beyond high school". Often referred to by institutions as "The Compact", the policy also requested the trustees, administrators, and faculties of baccalaureate institutions to declare any transfer student who had completed a baccalaureate-oriented associate degree to have attained junior standing and to have met the baccalaureate institution's lower-division general education requirements. This policy shifted the focus of articulation from the articulation of individual courses to the articulation of the general education component. While the faculties of many public and private universities adopted a comparable policy, the Board's policy lacked a mechanism for defining comparable quality standards and for resolving issues that might arise.

In August 1978, an Articulation Task Force formed by the Transfer Coordinators completed a comprehensive study of articulation and transfer issues. The foremost conclusion of this group was that "most students appear to transfer from community colleges to senior institutions with few or no problems." The major concern identified in the study related to communication within and among institutions and to the academic advising of prospective transfer students. The report concluded with 24 recommendations that were found to have been implemented, at least in part, a year later.

Throughout the 1980s, the Illinois Community College Board brought together faculty panels and the Transfer Coordinators to work on several disciplines, including nursing. In 1986, the Illinois Community College Board adopted common titles and defined total and general education credit-hour ranges. In 1988, the Board developed model Associate in Arts and Associate in Science degree general education requirements as guidelines for community colleges to create greater comparability among curricula offered by the community colleges. This was followed by establishment of another

Articulation Task Force in 1988. In its March 1989 report, the Task Force identified 13 areas of concern. The Board of Higher Education was to address three of the recommendations.

Through a Ford Foundation-sponsored grant, the Board of Higher Education identified and implemented actions to improve minority student baccalaureate completion through transfer. In addition, the Board reconvened (in November 1989) the Committee on the Study of Undergraduate Education to review implementation of the Board's policies on undergraduate education, including articulation and transfer. The Committee revised the Board's prior articulation policy to protect both institutional diversity and opportunities for students to transfer by stipulating that transfer students be accorded comparable standing and be able to complete the baccalaureate degree at pace comparable to "native" students. The policies reaffirmed the articulation of the entire general education program by stipulating that the general education portion of the AA or AS degree be accepted in transfer, provided the degree requirements meet or exceed those in the Illinois Community College Board Models.

History of Nursing Articulation in Illinois

The 1968 Campbell Report, entitled *Education In The Health Fields for the State of Illinois*, emphasized the need to expand program capacity in all the health fields, as well as nursing. In particular, the report discussed the trend of decreasing numbers of diploma programs and increasing numbers of associate degree nursing programs in the state. By 1980, the number of graduates from diploma, associate, baccalaureate and master's degree nursing programs exceeded the predicted demand of the 1968 report.

In December 1981, the Illinois Board of Higher Education reviewed the report, *An Assessment of Progress Since 1968 in Nursing Education*, and reaffirmed the following policies on nursing education in Illinois that had been adopted in 1980. A policy on articulation was developed and adopted due to the increasing difficulty of students to transfer coursework from associate to baccalaureate degree programs in nursing.

1980 to 1993 Illinois Board of Higher Education Policies on Nursing Education:

- The Illinois Board of Higher Education reaffirms the goal for all health professions programs of a minority enrollment that corresponds to the racial and ethnic population of the state or of the specific area within the state served by an institution.

- Master's and doctoral degree nursing programs should continue to be expanded.

- Existing baccalaureate degree programs in nursing should increase their enrollments, and existing accredited programs should offer off-campus baccalaureate completion programs where a demonstrated need exists. No new generic nursing programs and no new free-standing baccalaureate degree completion programs in nursing should be established unless a compelling need can be demonstrated.

- No new associate degree programs in nursing should be established unless a compelling need can be demonstrated.

- Problems related to the transfer of credit from associate degree and diploma programs to baccalaureate degree programs in nursing should be identified and reported to the Illinois Board of Higher Education.

Between 1989 and 1990, an Ad Hoc Nursing Committee on Articulation was formed. The Committee developed recommendations to increase articulation efforts through the following

objectives: informing students entering associate degree programs in nursing of educational and career options and admission requirements to baccalaureate programs; maximizing the number of general education and basic science transfer courses; developing articulation agreements; improving advanced placement and admission; and utilizing the program review process of the public universities and community colleges to address articulation issues. Issues of testing and advanced placement were discussed; however, the Committee was unable to reach a consensus regarding these issues. The final recommendations of the Committee were strictly advisory.

The *1991 Assessment of Nursing Education In Illinois*, a Board of Higher Education staff report, identified further issues related to articulation beyond those related to transfer of credit. These problems included an increasing number of unaccredited associate degree nursing programs and licensed practical nursing programs in Illinois community colleges and an increasing backlog of students waiting admission into programs at community colleges while baccalaureate programs in nursing were experiencing unfilled capacity.

Based on the findings in the *1992 Assessment of the Educational Needs in Health Professions Programs* and *Policy Issues in Education for the Health Professions*, as well as additional information presented in *Policy Recommendations For Health Professions Education*, the Board of Higher Education adopted seven new general policies in the health professions education to replace prior specific nursing policies and adopted fourteen immediate priorities as guidelines for colleges and universities to consider in implementation of the general policy directions for health professions education. Related to articulation, the Board adopted four new general policies:

Current Board of Higher Education Health Education Policies On Nursing Articulation:

- Illinois colleges and universities should provide adequate capacity in programs that provide professional advancement opportunities for health care professionals and meet the need for qualified leadership in the health care industry. All institutions should cooperate in the development of articulated programs to enhance advancement opportunities. Illinois universities also should provide programs that prepare faculty for teaching in health education programs and support research and public service in health care disciplines.

- Colleges and universities are encouraged to develop cooperative initiatives with health care providers to develop programs, to provide clinical experiences for students, to provide professional development opportunities for faculty and health care providers, and to share facilities and equipment.

- Because of the high cost of programs in many of the health professions, colleges and universities are encouraged to develop cooperative programs to extend access to and improve the quality of programs in the health professions, to provide educational opportunities in underserved areas through off-campus programs and telecommunications-based instructional delivery systems, to improve articulation among programs, and to reduce or eliminate programs in health professions where the supply of graduates exceeds occupational demand.

- The Illinois Board of Higher Education should work cooperatively with other state agencies to ensure that policies and priorities in health professions education are consistent and mutually supportive across state agencies.

Concurrent with the study of health professions education, the Illinois Articulation Initiative was established in January 1993 as a joint effort of the Board of Higher Education, the Illinois Community College Board, and the Transfer Coordinators of Illinois Colleges and Universities. The

goal of the Initiative was to develop a general education core curriculum to facilitate transfer among all types of colleges and universities, both public and private. *The Transferrable General Education Core Curriculum* was presented to the Board of Higher Education and Illinois Community College Board in July 1994 and endorsed by both Boards in September 1994.

Illinois Health Professions Articulation Initiative

On July 14, 1993, the Health Professions Articulation Initiative was launched at the "Illinois Health Professions Leadership Conference" sponsored by the Illinois Hospital Association, the Illinois Board of Higher Education, the Illinois Community College Board, and the Illinois State Board of Education. The conference was attended by more than 100 school, community college, university, and hospital educators and practitioners, who committed to development of a statewide model curricula for articulation in four health fields and identified the issues, barriers and strategies needed to facilitate articulation.

In October 1993, panels of experts were established to develop articulated curricula in four health fields: nursing, physical therapy, occupational therapy, and clinical laboratory science. Based on concepts of school-to-work, the nursing panel has worked to articulate curriculum from the high school (certified nurse assistant) to the licensed practical nurse certificate to the associate degree in nursing or diploma to the baccalaureate degree in nursing. Because these programs span secondary and postsecondary levels and include clinical experiences, the nursing panel included not only higher education faculty members, transfer coordinators, and deans, but also high school teachers and clinical practitioners.

The Illinois School-to-Work Transition System

The *School-to-Work Opportunities Act of 1993* is a joint initiative of the United States Departments of Education and Labor to bring together partnerships of business, labor, educators, and others to build a high quality school-to-work system that prepares young people for careers in high-skill, high-wage jobs and achieves systemic reform while building on states' existing efforts and resources such as tech prep, youth apprenticeships, cooperative education, and business-education compacts. Each state's school-to-work opportunities system must be developed cooperatively by the public and private sector and include:

- **School-Based Learning** that provides career exploration and counseling and career instruction that integrates occupational and academic learning that is linked to work-based learning, and that typically involves at least one year of postsecondary education.

- **Work-Based Learning** that provides instruction and work experience in the workplace linked with school-based learning.

- **Connecting Activities** that coordinate involvement of employers, educators, and students, matching students and work-based learning opportunities and training teachers, mentors, and counselors.

- **Student Attainment** of high school diplomas, postsecondary certificates or degrees, and skill certificates that denote mastery of state or National Skill Board standards.

The Illinois School-to-Careers System will forge a smoother transition from and stronger linkage between school and work and between secondary and postsecondary education in order to provide occupational skills to all students and move them into jobs in high-skill, high-wage careers. The Illinois School-to-Careers System will build on and enrich existing efforts and resources. Illinois is committed to establishing a comprehensive, cohesive, market-driven system that is responsive to the

needs of the private sector and that provides all students with world-class academic and occupational skills. Illinois' School-to-Careers System, therefore, will initially focus on in-school youth and adults. Ultimately, this system will serve all students through workforce preparation and development efforts, including youth and adults initially preparing to enter the workforce, the existing workforce seeking further education and skill upgrading, and those disconnected from the workplace seeking education and training through recovery programs.

The Illinois Task Force on School-to-Work Transition is composed of 14 business and labor representatives including the chairs of the three state education boards, the Illinois State Board of Education, the Illinois Community College Board, and the Illinois Board of Higher Education. It oversees the design and implementation of the Illinois School-to-Careers System to ensure that it is private sector driven and responsive to the needs of the workplace. The planning fully involves business, labor, education, parents, and students. The Task Force was established by Governor Jim Edgar's Executive Order, and is chaired by Lieutenant Governor Bob Kustra. The Task Force will ensure that all programs and services are coordinated under the Illinois School-to-Careers System at both state and local levels. The Task Force is working in tandem with the School-to-Work Oversight Steering Committee which is composed of representatives from state agencies involved in job training and employment, economic development, and secondary and postsecondary education. This group includes the Governor's Office, Lieutenant Governor's Office, Illinois State Board of Education, Illinois Community College Board, Illinois Board of Higher Education, and Illinois Department of Commerce and Community Affairs, who constitute the core interagency team staffing the initiative, as well as the Illinois Department of Public Aid, Illinois Department of Employment Security, Illinois Department of Rehabilitation Services, Illinois Department of Corrections, and Illinois Department of Labor.

As a concept, School-To-Work encompasses alternative pathways or approaches for the academic preparation of high school students from schooling to work, including College Prep, Tech Prep, and Apprenticeship. In Illinois, College Prep, Tech Prep and Youth Apprenticeships, and Partnership Academies currently provide programs in the health areas, although this does not preclude the development of health programming in the Comprehensive Apprenticeship System or in Applied Technology pathways. Tech Prep is an educational reform that is changing the way high school and college students learn across Illinois. Tech Prep consists of a sequence of academic and technical courses taught during the two years of secondary school preceding graduation and (1) during two years of postsecondary education leading to an Associate of Applied Science degree, or (2) an apprenticeship of at least two years following high school. The sequence must include integrated academic and technical content, workplace skills, and instruction delivered both at the worksite and in the school/college setting. Programs often begin at the 9th grade, and some also articulate to baccalaureate degrees.

Student apprenticeships for high school juniors and seniors integrate academic learning and technical training in a work-based educational program. Students may elect to participate in a part-time apprenticeship as an extension of their Tech Prep program or in a full-time apprenticeship in which 60 to 80 percent of their education takes place in the workplace. Each student signs an agreement that outlines what the student should learn from his/her experiences at the school and worksite, as well as the commitment from the employer and the school for providing coordination and appropriate curricula. Apprenticeships demand true partnerships with employers, including setting occupational skill and curriculum standards to help ensure an influx of qualified new employees to business and industry.

Because of the over-all importance of this initiative for the State Board of Education, the Illinois Community College Board, and the Illinois Board of Higher Education, its principles and concepts were incorporated into the work of all four health articulation panels, including nursing.

Goals of the Illinois Health Professions Articulation Initiative and the Nursing Panel

The nursing panel addressed the following goals:

- To expand the number of qualified practitioners,
- To assure that graduates at each level possess the requisite knowledge and skills for practice,
- To provide opportunities for educational advancement in line with opportunities for career advancement,
- To expedite vertical and horizontal movement within and across the health professions, and
- To eliminate wasteful duplication and unnecessary expense for students/practitioners and programs alike.

Charge to the Nursing Panel

The nursing panel was expected to develop a model articulated curriculum that incorporates the competencies needed at all levels of practice within the profession. Specifically, the panel's completed articulated curriculum was to identify the general education core (communication, social science, etc.) and basic science competencies needed for licensure/certification at each level of practice; identify the technical and professional competencies needed for licensure/certification at each level; describe the specific courses and other experiences needed to develop the competencies identified in the major (including possible alternatives); and identify which courses and experiences could be offered via telecommunication systems to students at "distance" sites.

Initially, the nursing panel was to review the Illinois General Education Core Curriculum, statements by professional and accrediting organizations, and licensure/certification requirements to determine what general education competencies were common between levels, as well as unique at each level, eliminating duplication between levels. In addition, the panel was directed to review existing Illinois models and those in other states, statements by professional and accrediting organizations, and licensure/certification requirements to determine what technical and professional competencies were common, as well as unique at each level.

LITERATURE REVIEW

Nursing Models

The panel reviewed existing regional plans in Illinois and 28 state plans, reports, and models of nursing articulation. Through review of the literature and a survey of states conducted by the Oklahoma Regents in the early 1990s, the Subcommittee on Models of the Illinois Nursing Panel identified models in Colorado, Maryland, Iowa, Michigan, Oklahoma, Ohio, Wisconsin, Maine, and New Hampshire for more intensive review and identification of elements appropriate for Illinois. Advantages and disadvantages of each were discussed by the panel. The Colorado and Maryland models were identified as having the most positive points, although the legislative component of the Maryland model was deemed a disadvantage. A model for Illinois should emphasize clarity while providing for multiple pathways and multiple validation mechanisms.

The nursing panel decided that the competency-based model of Maryland provided a good example for use of competencies. On the negative side, the panel felt that the model was more limited--only selected institutions in the state offered the options, the scope of articulation extended only from licensed practical nurse (LPN) to bachelor of science or arts in nursing (BSN or BAN), and testing was still necessary for out-of-state nursing program graduates. The panel agreed that flexibility within a model was important.

Demographics between Colorado and Illinois are quite disparate, with more than two times the number of nursing programs in Illinois. This model does not include a secondary component, but was predicated on development of competency statements for LPN, associate degree in nursing (ADN), and BSN or BAN for nursing roles of provider, advocate, teacher, manager, and member of the profession. Still, the model use of practice competencies was deemed an important feature that aided faculty consensus in content validation of the curriculum. The lack of testing was determined to be an important consideration.

Following is a summary of each state's nursing articulation efforts:

Colorado: Through collaborative efforts of higher education and the Colorado Council on Nursing Education, Colorado's nursing articulation model became the first in the nation to allow licensed practical nurses, associate degree nurses, and diploma registered nurses to advance to higher levels without testing. As a statewide model, the Colorado model encompasses all 30 public and private nursing programs in the state that are in hospitals, community colleges, and universities. The model requires graduation from a National League of Nursing accredited program or program in Colorado (nursing coursework with a grade of "C" or better) and admission within ten years of graduation. Approximately one year of nursing credits from LPN coursework are placed in escrow until the student completes one semester of full-time nursing coursework at the next level. The ADN and BSN or BAN student, however, must complete additional general education requirements. The plan was implemented in 1992.

Connecticut: Connecticut has a statewide articulation plan in place for all of its nursing programs. After June 1986, graduates from practical nurse programs in the state, who have a grade point average of "C" or higher, are licensed in Connecticut and meet the admission requirements for a registered nurse program; and after they complete a 2-4 hour transition course, they may be awarded advanced placement and credit for 12 to 16 hours of nursing coursework. All general education requirements must be completed before beginning the third semester of the registered nurse (RN) program.

Florida: Florida has not established a specific articulation plan for nursing. However, agreement exists between licensed practical nursing programs and community colleges, whereby college credit is given for students admitted to the associate degree program. Also, some vocational technical schools

provide RN and LPN tracks with general education classes taken at the college. In 1989, the Florida Department of Education sponsored a statewide conference that presented the findings of a special articulation task force: *Proceedings and Findings: The Statewide Conference of the Florida Allied Health Articulation Project.*

Idaho: In Idaho an articulation committee developed a plan for articulation of ADN graduates to BSN or BAN.

Iowa: An articulation plan in the state of Iowa exists for ADN to BSN or BAN programs. Most of these programs are set up as career ladders. Graduates of LPN programs earn a diploma in a community college, then may continue on for a second year of nursing education, at which time they may graduate with an associate degree in nursing.

Kalamazoo: Kalamazoo Valley Consortium in Michigan has a developed articulation model which begins in the 11th and 12th grades and continues as a coaching process through postsecondary education. During the first year, through academics, core skills and job shadowing, a student proceeds through the Health Occupations I program. Year two, Health Occupations II, begins in the 12th grade where students begin the related class school-to-work transition, then through the Consortium take coursework related to health careers, ending the year with an externship in learning to apply job specific skills. And finally, in year three, students enter post-secondary health-related curricula.

Kentucky: Kentucky has a statewide plan and set up guidelines for articulation agreements to be developed between educational institutions. The plan provides for granting of block or automatic hours for any vocational program leading to an associate degree in applied science. This plan also lays out the course of an LPN by granting their admittance into an ADN program within three year of graduation. By submitting a student articulation transcript from the vocational technical school, the LPN also may receive credit according to the institution's policy.

Maine: Maine, as a rural state, has few baccalaureate programs. The model used is not a model for educational articulation, but rather a process which differentiates competencies for diploma/ADN and baccalaureate graduates. There was a state-wide effort to have baccalaureate graduates take an "add on" exam to test for identified competencies. An important role of this test plan is to provide an outline of the domain of practice for baccalaureate graduates. A second function of the test plan is to provide information about the distribution of content for the examination. Presently, the State of Maine is not moving forward with the examination. The technical colleges are working toward a one-plus-one curriculum design for practical nursing (PN) and ADN education. In the case of the university system, articulation is being finalized.

Maryland: A statewide plan for LPN to ADN articulation exists in Maryland. The model was established as a legislative model in 1980, and uses National League of Nursing (NLN) outcomes as a basis for its ADN/diploma graduates. The model is competency-based, using nursing process as its basis. The curriculum was established by a Governor's Task Force. Programs educate towards "levels" within the field of nursing, and a placement exam is not required for in-state students but is required for out-of-state students. Both examination and transition course options require licensure, and the BSN institution is required to administer the examination test. Examination and transfer credits may not exceed 90 credit hours, although the required credits for graduation may vary among institutions. The transition course option requires that three transition courses be successfully completed before 60 credits are granted. And, an additional 64 credits (32 nursing credits and 32 general education) are required for graduation. However, admission standards of the particular institution must be met, and students must enter BSN programs after completion of the transition courses and within two years of admission.

Michigan: Articulation has been an ongoing initiative in Michigan. Many agreements are in place; however, these are individual agreements, like the Kalamazoo model mentioned above, not a statewide plan.

Minnesota: Since 1980, when the first Coordinating Board came together to recommend that the public systems along with interested private institutions develop a plan to coordinate nursing education programs in the state, Minnesota has made considerable progress in coordinating the curricula and transfer policies of nursing education programs. The number of licensed nurses enrolled in nursing education programs has more than doubled. Some of the changes that have taken place include the opportunity for registered nurses with the equivalent of an associate's degree to complete the requirements for a baccalaureate degree in nursing in two years at all state university programs, and some private institutions. At the community college level, and presently at seven community colleges in the state of Minnesota, licensed practical nurses now can complete the requirements for an associate degree in nursing in one calendar year.

Mississippi: Mississippi's plan and policy are progressing. At the present time a standardized curriculum is being written for the specific purpose of articulation with secondary programs. It initially was scheduled to be implemented by fall 1992.

Montana: At present, all five postsecondary vocational-technical centers, which are part of the university system, have LPN programs. A statewide nursing articulation plan is in the process of development.

New Hampshire: The New Hampshire *TAP Nursing Profession Articulation Model* was based on the knowledge and skills necessary at each level of nursing (certified nurse assistants, LPNs, and ADNs) for the roles of provider of care, manager, and member of the discipline. The model lists the specific tasks under each nursing level and role by assessment, diagnosis, planning, evaluation, and implementation categories.

Nevada: A statewide plan exists and is in the process of refinement.

New Mexico: A statewide plan exists with course equivalency lists and established credits for LPN and ADN coursework.

New York: At the present time no statewide plan exists in the state of New York, although some schools have articulation agreements which provide for this.

North Carolina: Forty-eight ADN programs at individual colleges in the state of North Carolina provide blanket credit for LPN's when they meet the college's and ADN program's admission policies and successfully pass an RN transition course.

North Dakota: North Dakota has a statewide plan that calls for all nursing programs to specify methods of validating the achievement of course objectives by one or more alternatives.

Ohio: In February 1991, the "Nursing Education Mobility Action Group" was established to develop an articulation model for all levels of nursing education.

Oregon: Articulation between high school health occupations programs and community colleges has been examined on a regional basis. Presently, of the 13 community colleges offering nursing programs, 11 are articulated LPN to ADN programs with a LPN exit option. All LPN programs in Oregon are offered by community colleges.

South Dakota: After passing LPN Boards and with recommendation of first year faculty, graduates are given 11 credits for Nursing 101 and 102 courses in ADN programs. Also, at each professional school, an articulation plan with other schools has been established.

Tennessee: In Tennessee, at the present time, several articulation plans are being developed, however, none have been implemented. A few LPN programs have agreements with colleges to teach certain courses for credit.

Texas: In Texas, the Board of Nurse Examiners and the Board of Vocational Nurse Examiners, in an effort to clarify competencies and eliminate confusion and redundant instruction that currently places barriers in the way of successful articulation, have charged a Nursing Education Advisory Committee comprised of representatives from LPN, ADN, diploma and BSN programs and representatives from practice/service settings, and other related agencies, to develop and recommend minimum competencies for each type of nursing program graduate.

Vermont: A statewide plan is being developed.

Virginia: In Virginia, a few individual LPN programs have developed articulation agreements with individual colleges.

Washington: Although a statewide plan does exist in Washington, and credit is given for first year nursing courses from vocational technical schools, all associated courses are not granted credit and students must take science and support courses at a university.

West Virginia: Each professional program is different in West Virginia. Many ADN and BSN programs offer advanced standing options, either by challenge or by blanket credit.

Wisconsin: A statewide committee called the Governor's Nursing Education Coordinating Council is currently addressing the articulation issue. At the present time, three LPN schools have college transfer status for students.

Trends

Trends in Health Care

Trends in the delivery of health care in Illinois, as in other states, have been driven by both economic and social factors. The accelerated changes in health care and nursing predicted for the 1990s were fueled by three conditions: changing client populations, a dynamic environment, and rising health care costs. In 1993, access to primary care in rural and inner city areas has been identified as a major health care issue, both nationally and in Illinois.

Client Population: Nationally, the growth in the elderly population, now 13 percent of the total population, has resulted in those 65 years of age and older becoming the largest health care users, and this growth is expected to continue into the twenty-first century. By the year 2020, 17 percent of the population is projected to be over the age of 65 and two percent over the age of 85, both significant increases. Analysis of the percentage of population over 65 among regions in Illinois shows variability in health care needs for different areas of the state. The proportion of the elderly population in Chicago and the surrounding metropolitan area is currently significantly lower than other areas of the state, particularly central and southern Illinois, where the average percentage of the population over 65 is above 17 percent compared with the state average of 12.3 percent. Because people live longer, the demand for health care services has increased. The health care delivery system, on the other hand, has lagged behind in changing to meet these client demands.

Environment: Over the past decade there has been an explosion of new technology, along with increasing demand for timely access to accurate information and diagnostic services. Due to the high cost of providing technology to inpatients, health care providers are transferring care and services from the inpatient hospital environment to outpatient or community-based services. There is a strong movement to shift health care technology into the home, long-term care facilities, and community or rural health centers. This has resulted in alternative nursing care delivery systems of parish nursing, subacute nursing, and industrial health--a return to the origins of nursing practice.

Health care costs: Changes in payment and reimbursement for medical services will directly affect the delivery of services. In a recent study by Arthur Anderson and the American College of Health Care Executives, the consensus opinion of a panel of health care industry professionals was that managed care organizations and group practices will increase significantly and that more high-cost procedures will shift to physicians' offices. The curriculum for training health personnel will need to respond to these changes and others, such as cost containment and technological advancements, in order to prepare students and practitioners to deal more effectively with the escalating cost of health care, as well as issues of access. Nurse practitioners, nurse mid-wives, and nurse anesthetists are now reimbursed under Medicare and Medicaid in most states, but not in Illinois. An increased emphasis on prevention instead of illness/disease by insurers and use of alternative health care providers is expected to lower use of inpatient hospital days, as well as reduce overall health care costs.

Trends in Nursing

With decreasing inpatient hospital utilization, the nursing shortage in acute care settings has lessened, although it still varies by geographic region. The demand for registered nurses, licensed practical nurses, and certified nurse assistants varies by location and setting. In hospitals, there has been a movement toward patient-focused care which has resulted in an increased utilization of non-nursing personnel and advanced practitioners. In most of Illinois, vacancy rates for nursing personnel in hospitals range from two to six percent; however, rates are above 12 percent in southern Illinois.

Other trends in nursing include an increasingly diverse student nurse and practitioner population who are caring for a more diverse client population; closure of diploma programs; and a changing role of the nurse provider. The Department of Professional Regulation's 1992 Biennial Survey of Illinois Registered Nurses indicated that the average registered nurse in Illinois is over 30 years old, a female, working full time (56 percent), a staff nurse, and earning $17.48 per hour. Almost 91 percent of licensed RNs work as nurses. Since 1988, the number of nurses working full-time has decreased slightly, while part-time employment has increased and non-employment has increased to 6.3 percent, up from the one percent seen previously. There has been an increase in part-time employment in hospital clinics, public and community health, and associate degree and practical nursing programs, while the proportion of RNs working in hospitals continues to decline, from 66 percent in 1986 to 61 percent in 1992. The number of faculty in baccalaureate programs working more than one job has increased since 1992.

The most recent projections of the number of jobs for years 1990 to 2005 by the Illinois Department of Employment Security were analyzed by the Illinois Occupational Information Coordinating Committee (IOICC). The IOICC projected average annual job openings of approximately 4,800 positions for registered nurses in Illinois, compared to a supply of about 4,300 graduates annually from diploma, associate, and baccalaureate programs in nursing. In contrast, the demand projections for licensed practical nurses and certified nurse assistants have declined since the last projections in 1988. The current projections show that the number of graduates from all LPN programs (more than 1,600) exceeds projected average annual job openings of 1,200.

Trends in Nursing Education

In 1990, there were 98 nursing programs in the state at institutions of higher education and hospitals--33 BSN, 43 ADN, and seven diploma programs, as well as three doctoral and 12 master's programs. There are currently 38 institutions of higher education that offer the baccalaureate in nursing (of which 28 are approved by the Illinois Department of Professional Regulation), 41 community colleges that offer the associate degree in nursing (Illinois Eastern Community Colleges and Southern Illinois Collegiate Common Market each counted as one), and five hospitals (of which two are in the process of conversion to baccalaureate) offering diplomas. All of these degrees allow entry into the profession following licensure as a registered nurse. Community colleges continue to provide the majority of the programs and registered nurses in Illinois. The number of diploma programs have decreased from 20 in 1980 to five in 1992 to three in 1994. The number of graduate programs in nursing has remained the same since 1990. In addition, there are 29 licensed practical nurse programs and 38 certified nurse assistant programs in Illinois community colleges and more than 250 Illinois Department of Public Health approved certified nurse assistant programs in the state.

In spite of decreasing vacancy rates in Illinois hospitals and massive layoffs of mid-level nurse managers, the number of admissions to nursing programs continues to grow. Enrollments in baccalaureate programs in nursing increased 47 percent, from 4,962 in fall 1989 to 7,280 in fall 1993. Enrollments in associate degree programs also have increased with many programs developing waiting lists for applicants.

In Illinois, entry-level nursing programs are required to go through approval processes of multiple state agencies, as well as the voluntary National League for Nursing accreditation process. All community colleges offering new associate degree and licensed practical nursing programs must submit applications for program approval to the Department of Professional Regulation, the Illinois Community College Board, and the Illinois Board of Higher Education. New baccalaureate programs in nursing must submit applications for program approval to the Illinois Department of Professional Regulation and, if appropriate, for authority to operate and grant degrees by the Illinois Board of Higher Education. The Department of Professional Regulation also periodically reviews each program and re-approves each type of nursing program. The Illinois Community College Board and the Illinois Board of Higher Education review nursing programs as part of their program review processes. All certified nurse assistant programs must be approved by the Illinois Department of Public Health each time the program is offered. The Illinois Community College Board and the Illinois Board of Higher Education approve new CNA programs in community colleges. These multiple layers of approval processes impede institutional innovation and the ability to adapt to change. This issue becomes increasingly important as nursing programs consider articulation initiatives.

Off-campus offerings in nursing have increased substantially over the past decade. In response to recommendations in the Board of Higher Education's 1980 study, 10 institutions received approval to offer baccalaureate and graduate nursing programs in more than 20 community college districts throughout the state by 1990. Access to baccalaureate nursing education is available in every health service region in Illinois.

At the undergraduate level, there is a need to create alternative clinical sites for learning experiences, develop interdisciplinary coursework, incorporate critical thinking and computer skills into the curriculum, and increase the use of internships and residencies. Greater collaboration between colleges and universities in cooperation with health care providers is necessary in the development and delivery of cost-effective nursing programs. Telecommunication technology promises to extend access to baccalaureate nursing education and continuing education to underserved areas of Illinois. Southern Illinois University at Edwardsville has a mission to provide this type of education to southern Illinois and has recently delivered its first courses for a baccalaureate program in nursing via telecommunications in the Shawnee Community College District.

At the graduate level, however, nursing programs are concentrated in southwestern Illinois, Peoria, the Quad-Cities, and the greater Chicago area. The most recent Board of Higher Education report cited recent studies of declining numbers of nurse educators and recommended increasing the number of nurses with advanced training. In addition, the Board discussed utilization of nurse practitioners and nurse mid-wives for improving access to health care in urban and rural underserved areas of the state. Program capacity for graduate nursing specialists in areas of primary care and graduate-level nurse educators was recommended for expansion. In addition, faculty competencies and faculty development need to be addressed in light of the changing trends in health care. New graduates enter their careers facing a highly consumer-oriented health care market and community-based health care system that is experiencing difficulty in meeting the expectations of the changing role of the nurse. Curriculum reform is necessary to prepare nurses for the 21st century.

ASSUMPTIONS

The nursing panel adopted several assumptions in the early stages of the articulation process to guide the panel's work. As the framework for the process evolved and nursing competencies were developed, the panel expanded the set of working assumptions to include that:

1. Articulation is a voluntary process to facilitate educational progress for students.

2. Trust, respect, and continued participation are integral parts of the articulation process.

3. Individuals who are pursuing further education should be treated as mature adult learners.

4. Articulation allows for flexibility, choice, and diversity.

5. Each educational institution's mission, goals, and standards for admission, progression, and graduation are preserved.

6. Secondary education provides the academic preparation for nursing education and practice competencies.

7. Statewide articulated nursing models can be developed based on competencies and general education needed at each level.

8. Competencies at each level of education build upon previous competencies.

9. Completion of one level of nursing education does not guarantee that a graduate will have the ability and/or desire to progress to the next level.

10. Nurses in practice and education must collaborate in identifying and promoting levels of competency.

11. Faculty involvement is critical to developing articulation models.

12. Nursing graduates seeking placement through the articulation process will be licensed.

13. Program articulation is based on National League for Nursing accreditation for the LPN, ADN and BSN. CNA programs must be Illinois Department of Public Health approved.

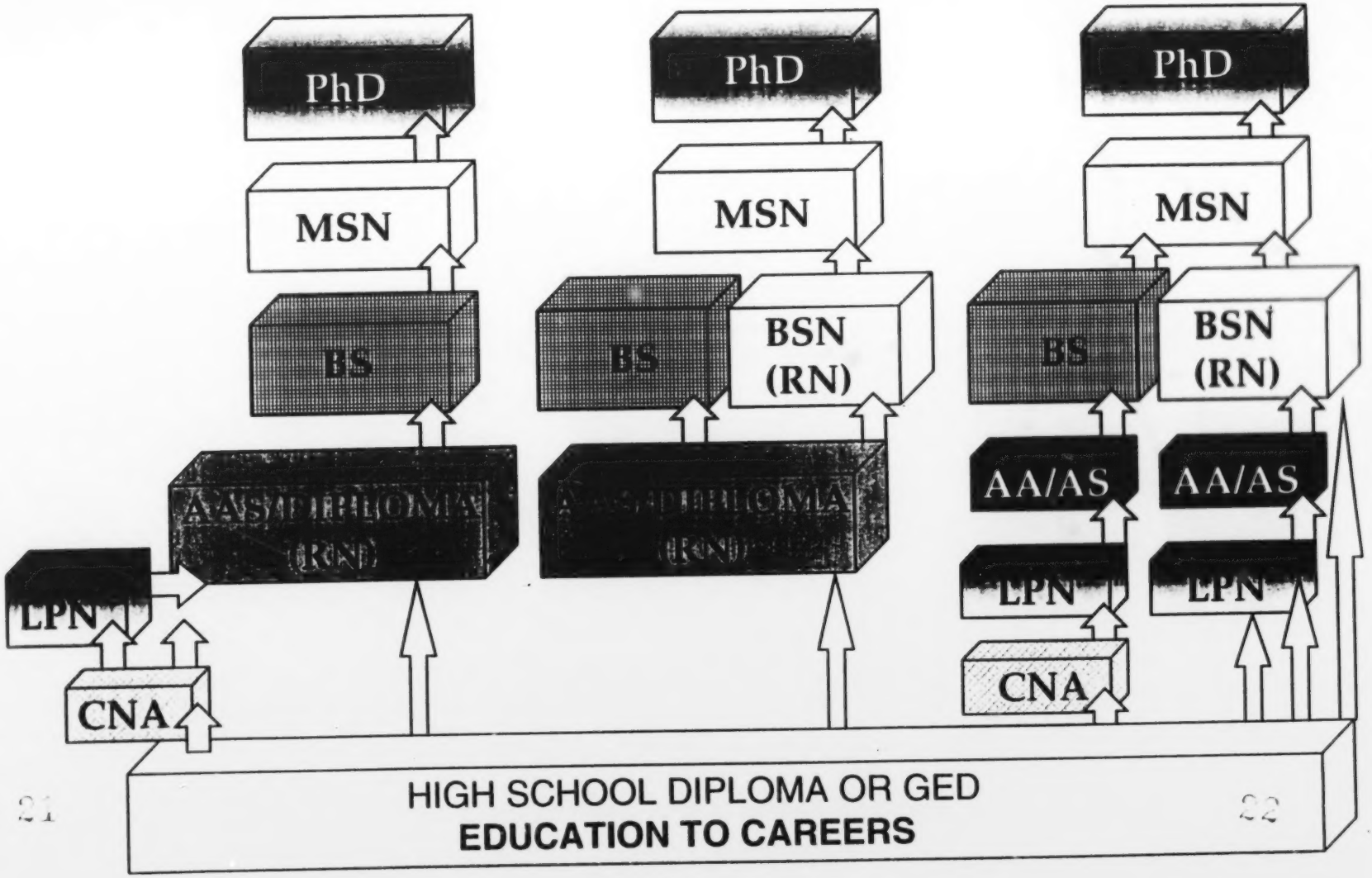
14. Each individual educational institution is obligated to determine the required professional courses for which credits will be awarded.

PATHWAYS TO PRACTICE

In response to the nursing panel's charge to develop an articulated curriculum from secondary through postsecondary education, the panel first adopted the general framework of Educational Paths to Practice found in *The Illinois Articulation Initiative: Articulation in Baccalaureate Majors* (May 1995). The nursing panel also developed educational paths to nursing practice seen in Figure A.

Table 1 demonstrates the articulation of core general education coursework from nursing assistant to an associate pre-nursing curriculum to a baccalaureate degree in nursing, while Table 2 illustrates articulation of curriculum from nursing assistant to licensed practical nurse to associate degree in nursing. Table 3 illustrates another career path, beginning with a certified nursing assistant program in a high school and proceeding to an associate degree in nursing at a community college, followed by a bachelor of science in nursing at a university.

EDUCATIONAL PATHS TO NURSING PRACTICE



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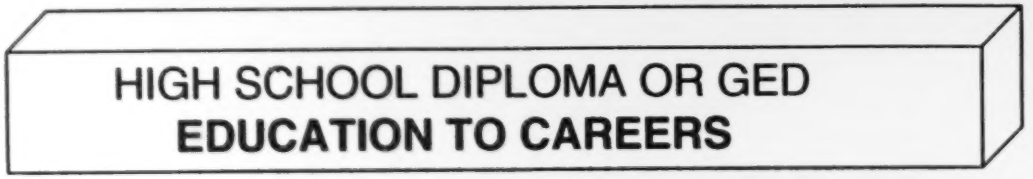
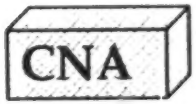
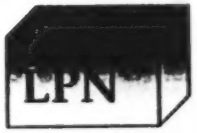
EDUCATIONAL PATHS TO NURSING PRACTICE



Secondary Foundation



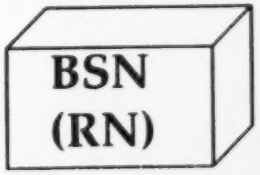
Certified Nursing Assistant
The student has passed a certifying exam



Licensed Practical Nurse.
The student has been licensed by passing the boards

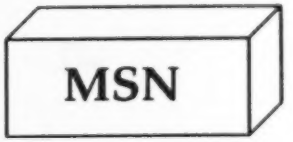
Associate in Applied Science in Nursing or a Diploma in Nusing which allows the student to sit for the RN boards

Associate of Arts or Science that is taken as pre-nursing



Bachelor of Science in Nursing which allows the student to sit for the RN boards

Bachelor of Science in a discipline other than nursing



Master of Science in Nursing

Doctor of Philosophy in Nursing (may also be in other disciplines)

Articulated sequence

Non-articulated sequence

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Table 1

CURRICULUM ARTICULATION IN NURSING
PATHWAY - HS/AA or AS/BSN

	High School	Community College	University
	Nursing Assistant Certificate	A.A./A.S. Pre-Nursing	B.S. Nursing
General Education	15 units recommended for nursing program admission	**General Education Core**	**General Education Core**
Communication	4 years: reading/writing, speaking/listening and literature	6 cr. composition 3 cr. speech	6 cr. composition 3 cr. speech
Math	3 years: algebra I, geometry, algebra II	3-6 cr. math	3-6 cr. math (statistics/computer)
Science	3 years: biology, chemistry & physics	4 cr. biology (general) 4 cr. chemistry (general/inorganic)	4 cr. biology (general) 4 cr. chemistry (general/inorganic)
Social Sciences	3 years: history and government	9 cr. social sciences	9 cr. social sciences
Humanities		9 cr. humanities/fine arts	9 cr. humanities/fine arts
Supporting Arts/Sciences Prerequisites for Major		4 cr. human anatomy/physiology	4 cr. human anatomy/physiology or general bio
		4 cr. microbiology	4 cr. microbiology
		4-8 cr. chemistry (general/inorganic)	4-8 cr. chemistry (general/inorganic)
Career (Technical) Preparation	2 years: Health Occupations I/II		
	CNA competency = minimum 3 cr. hr.		41-63 cr. hr. nursing coursework (Current range in Illinois)
Other	Service Internship/apprenticeship		

Community College and University courses apply toward requirements in the transferable General Education Core Curriculum

Table 2

CURRICULUM ARTICULATION IN NURSING
PATHWAY - CNA/LPN/AAS

	High School (Secondary)	Post-secondary	Community College
	Nursing Assistant Certificate	LPN Certificate/Diploma	ADN
General Education	15 units recommended for nursing program admission	**General Education Core**	**General Education Core**
Communication	4 years: reading/writing, speaking/listening and literature	3 cr. composition	3 cr. composition 3 cr. speech
Math	3 years: algebra I, geometry, algebra II		3 cr. math
Science	3 years: biology, chemistry & physics		4 cr. biology (general)
Social Sciences	3 years: history and government	3 cr. social sciences	6 cr. social sciences
Humanities			
Supporting Arts/Sciences Prerequisite for Major		4 cr. human anatomy/physiology	4 cr. human anatomy/physiology 4 cr. microbiology
Career (Technical) Preparation	2 years: Health Occupations I/II	20-42 cr. hr. nursing coursework (current Illinois range)	32-72 cr. hr. nursing coursework (current Illinois range)
Other	Service internship/ apprenticeship Minimum CNA nursing transfer hrs. = 3	Clinical coursework/practicum Minimum PN nursing transfer hrs = 15	Clinical coursework/practicum Minimum ADN transfer courses = 30 sem. hrs.

Community College and University courses apply toward requirements in the General Education Core Curriculum

Table 3

CURRICULUM ARTICULATION IN NURSING
PATHWAY - CNA/AAS/BSN

	High School	Community College	University
	Nursing Assistant Certificate	A.A.S in Nursing (ADN)	B.S. in Nursing
General Education Core	15 units recommended for nursing program admission		
Communication	4 years: reading/writing, speaking/listening and literature	6 cr. communication 3 cr. must be in composition	6 cr. composition 3 cr. speech
Math	3 years: algebra I, geometry, algebra II	3-6 cr. math	3-6 cr. math (statistics/computer)
Science	3 years: biology, chemistry, & physics	4 cr. biology (general) 4 cr. chemistry (general/inorganic)	4 cr. biology (general) 4 cr. chemistry (general/inorganic)
Social Science	3 years: history and government	6 cr. social sciences	9 cr. social sciences
Humanities		3 cr. humanities/fine arts	9 cr. humanities/fine arts
Supporting Arts/Sciences Prerequisites for Major		4 cr. human anatomy/physiology	4 cr. human anatomy/physiology or general bio
		4 cr. microbiology	4 cr. microbiology
			4-8 cr. chemistry (general/inorganic)
Career (Technical)	2 years: Health Occupations I/II	32-72 cr. hr. nursing coursework (current Illinois range)	
Other	Service internship/ apprenticeship	Clinical coursework/practicum	Clinical practicum
	CNA competency = minimum of 3 cr. hr.	ADN/Diploma competency = minimum of 30 cr. hr.	41-63 cr. hr. nursing coursework (Current range in Illinois)

Community College and University courses apply toward requirements in the transferable General Education Core Curriculum

NURSING COMPETENCIES

Introduction

The model developed by the Illinois Articulation Initiative's Nursing Panel acknowledges ideas from the articulation efforts of Colorado, Iowa, and the National League for Nursing, but differs from preceeding models through the incorporation of secondary school occupational curriculum. The panel recognized that a consistent framework would have to provide direction across four levels of educational preparation. Thus, the nursing panel chose to use a broadly-based professional competency model described by Stark, Lowther, and Hagerty in an ASHE-ERIC Higher Education Report, *Responsive Professional Education* (Stark 1986). The nursing panel incorporated into that framework five functions of the nurse: provide, manage, teach, research, and member of the discipline.

These areas or functions were selected to reflect behavior expected of those persons engaged in providing nursing services, while the model competency categories of conceptual, technical, contextual, interpersonal communication, integrative, and adaptive were from the Stark professional educational model and adapted to nursing functions. For each function, the nursing panel developed a set of competencies.

Competency was defined as those behaviors that are common to all professional education and those behaviors that cut across disciplines. The framework chosen by the panel helped to describe each distinct expectation of ability and capacity at each stage of educational preparation in nursing. It provided sufficient latitude for nursing education to respond to change and the need to integrate expectations of general education into the curricula. The competency/function framework provided a consistent approach to the development of the articulated nursing model and allowed the panel to respond to the breadth of the charge from the coordinating boards.

At the heart of the competency statements is an understanding that the high school, community college, or public or private university nursing program would agree and guarantee the level of ability or competency within its curriculum. As a forward-looking model, it is based on the premise that changes will occur within the nursing field and that the model should be adaptive to such change. The model describes a level of personal standards that provide direction to the individual practitioner, but is not prescriptive of skills that are empirical demonstrations of competency achievement. This broad conceptualization of competency is the connecting thread that holds the articulation model together.

The nursing panel considered the introductory statements of the purpose of general education in undergraduate education from the Illinois Articulation Initiative. Those statements provided direction when deliberating the balance between general study and study directly related to professional competency development. They are repeated here for the sake of completeness.

> **The goal of a general education is to develop individuals with sensitivity to and a comprehensive understanding of the world in which they live. A general education helps students develop moral values, habits of critical thinking and introspection, intellectual sophistication, and an orientation to learning and investigation that will become life long. Generally educated individuals are conversant with scientific inquiry, appreciate the insights into the human character and culture provided by literature and the arts, understand human behavior and social institutions, are aware of history, respect human diversity, and act both ethically and responsibly as members of society.**
>
> **The general education curriculum constitutes that part of an undergraduate education that develops breadth of knowledge and the expressive skills essential to more complex and in-depth**

learning throughout life. To develop a breadth of knowledge, general education courses acquaint students with the methods of inquiry of the various academic disciplines and the different ways these disciplines view the world. The academic disciplines comprising the general education curriculum are the humanities and fine arts, the social and behavioral sciences, the physical and life sciences, and interdisciplinary combinations of these. To develop expressive skills, the general education curriculum requires courses that enhance written and oral communication and quantitative reasoning skills.

Reflecting on the general education expectations as well as requirements at the secondary level enabled the panel to develop competency statements that establish high standards which are achievable at each level of education. Academic preparation at the secondary level is consistent with the minimum college and university entrance requirements and lays the necessary foundation for a career in any health field.

The structure of the nursing articulation model provides sufficient direction for nursing programs and faculty to develop curricula that meet the expectations of the model, yet allows for institutional flexibility. Certified nurse assistant programs may be offered at the high school, community college, or other postsecondary location, while the LPN curriculum (high school plus additional postsecondary work) is not excluded from being offered by the next level of higher education.

The nursing panel was able to express expected behaviors across all levels of education without specifically addressing the more divisive question of professional versus non-professional or technical preparation. This process allowed the panel to incorporate the development of professional behaviors as part of each school's curriculum. It is assumed that curriculum development will vary according to the expectation for the type of practice.

Table 4 on page 27 illustrates the model overview, showing levels of nursing practice and the competency categories. This model then is repeated for each function filling in nursing competencies for each function on pages 29-40.

Articulation and Education: Process and Implementation

The process of articulation addresses aspirations of students who want to pursue a higher level of practice in the field of nursing. As discussed in other parts of this report, the charge to the nursing panel was to develop a statewide articulation plan as a model for institutions and to eliminate testing as a part of the articulation process. As part of the process for meeting those goals, it was important for the panel to acknowledge common expectations for practice in the field. Once that premise was accepted, developing a framework for working out articulation guidelines became the focus of the group.

A number of questions historically have accompanied discussions regarding articulation in nursing. Those questions were about education for the field of practice, the socialization processes and practices appropriate for the discipline, and the accepted processes for securing additional educational credentials. The challenges perceived as barriers to educational mobility need to be addressed by nurse educators in order to facilitate the process of developing articulation guidelines. Likewise, the challenge to nurses in practice, who are responsible for the continuing socialization of nursing practice, is to acknowledge the changes anticipated in performance as educational levels change.

A legislative definition for professional nursing is necessary in order to assure minimum safety standards and provide a credentialing mechanism for admission into practice. As a legal term, "professional nurse" has sometimes proved a barrier to articulation and expectations; however, the

Nursing Practice Act provides competencies common to safe practice, allowing for discussion about articulation to proceed.

The breadth of nursing study is reflected by the requirements for practice in the Nursing Practice Act, as well as the continued leadership in the health care field. It seems clear that traditional and accepted expectations of a profession are personal behaviors that reflect an integration of liberal and humanistic perspectives with the more technical side of practice. Those perspectives develop through reflection on formal and individual educational experiences. Transcript evidence by itself is not sufficient, but does provide a baseline for future behavioral expectations. Valuing behaviors that demonstrate professional expectations develop over time and require concerted attention by the individual.

The framework chosen for this articulation model is one that combines a general education core with nursing competencies for practice. The categories are descriptive across functional areas, providing consistency of definition and expectation. Competencies common to the field of practice are verifiable and can be measured and remediated when necessary.

Attitudes considered fundamental to practice in the field are stated when appropriate. The framework developed by the panel does not address the attitudes expected as part of full professional development and status. These more complex attitudes are not readily isolated and thus not part of this consideration. These attitudes would be part of the socialization process and become a melding of the focus and mandates of educational institutions and individual development. Practice sites continue with the responsibility for socialization about valuing. The scope of professional attitude and value development ultimately are a personal choice and individual responsibility for all those aspiring to continued practice in the field.

There is sufficient breadth in this framework to allow curriculum development that is unique to an institution. Implementing the framework should not hinder those persons intent on preparing for a different practice responsibility.

The panel lists the following concerns that were addressed in the development of the assumptions of operation.

- In using National League for Nursing accreditation as an expectation of all participants in the articulation process, the task force determined that approval by NLN would constitute approval of curriculum.

- Each participating school would need to agree to develop curriculum in such a way that competencies agreed upon, as part of the articulation process, will be incorporated into curriculum to assure graduates of meeting expectations of the receiving institution.

- The articulation plan included the consideration of a "bridge process" which will include those courses, both general education and nursing, that span the receiving institution's core curriculum. In this way, each institution's mission, goals, and mandates are addressed and maintained. (It is not the expectation of the panel that a "bridge process" will be constructed in such a way that applicants are excluded from the articulation process.)

- An agreement among professional colleagues carries with it an expectation of "good faith" efforts to facilitate educational achievement of qualified persons and an expectation that graduates are prepared to meet the competency expectations of the (articulation) agreement.

Admission Process for Students

Students must have graduated within five years from an NLN accredited nursing program or state-approved CNA program. Each nursing student will need to meet the admission requirements of the program selected for admission. This articulation model uses escrow as the process for awarding credits for previous learning. Escrow is understood as a process through which a receiving school awards credit to a student without testing, once a bridge process is completed for competencies gained and credentialed through a previous academic process. A minimum amount of credit has been recommended by the panel--the maximum amount of credit to be awarded through this process will be determined by the receiving school.

The escrow and bridge processes are determined by the nursing program of the receiving institution. Those programs that are full participants in the articulation process will not use any means of testing nursing knowledge to determine placement of students. The receiving institution will determine how competencies outlined in the articulation process are acquired in the "home school" curriculum and will develop a bridge process to acknowledge this placement process. The bridge process may include general education coursework and most probably will include nursing coursework.

The minimum number of hours of nursing coursework transferrable for certified nurse assistant competencies stated in the nursing articulation model is three semester hours of credit. The minimum number of hours transferrable for licensed practical nursing competencies stated in the model is 15 semester hours of credit. The minimum number of hours transferrable for associate degree in nursing coursework is 30 semester hours of credit.

For students who graduated five years or more ago from a nursing program, admission and awarding of credit for prior learning will be based on individual assessment. Students graduating from non-NLN accredited nursing programs will apply for transfer based on individual competencies, not the program articulation described in this report.

Criteria for Programs to Participate

1. NLN Accreditation for LPN, ADN, diploma, and BSN programs and approval by the appropriate state agencies for all nursing programs.

2. Program is participant in Illinois Nursing Articulation Initiative and agreed to nursing articulation model.

3. Program has revised curriculum to meet the competencies stated in the model and awards the minimum credit in transfer. Each nursing program agrees to develop curriculum in such a way that competencies agreed upon as part of the articulation process will be incorporated into curriculum to assure graduates of meeting expectations of the receiving institution (i.e. the model nursing competencies).

4. Each receiving program/institution will review the competencies and award an identified number of nursing semester hours to be placed in escrow for the student. Nursing semester hours may vary from institution to institution. All institutions will award at least the minimum number defined in the model.

5. This articulation plan includes consideration of a "bridge process" which will include those courses, both general education and nursing, that span the expectations made of the receiving institutions. Participating institutions agree to accept the General Education Core coursework in transfer for the licensed practical nurse and associate degree nurse curriculum, and baccalaureate nurse curriculum, in addition to the nursing competencies.

Table 4

Overview of Model

FUNCTION:				
COMPETENCIES	CNA	LPN	ADN/DIPLOMA	BSN
Conceptual - theoretical/foundational knowledge upon which professional practice is based				
Technical/Professional - professional skills, including psychomotor, interpersonal, and cognitive skills				
Contextual - examining and understanding the social, economic and cultural setting for professional practice				
Interpersonal Communication - inclusive of all aspects of communication - writing, speaking, listening and reading comprehension.				
Integrative - how to use theory in practice - includes reasoning, decision making, and problem solving (implies critical thinking).				
Adaptive - working with change - detection of changing conditions, adapting to it - anticipating the need for change.				

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FUNCTION: PROVIDE				
COMPETENCIES	CNA	LPN	ADN/DIPLOMA	BSN
Conceptual - theoretical/foundational knowledge upon which professional practice is based	Uses basic concepts of biology, psychology, sociology, cultural diversity, socio-economics, spirituality, communications, nutrition, legal and ethical issues as related to activities of daily living.	Uses basic concepts of anatomy, physiology, chemistry, microbiology, physics, communications, growth and development, interpersonal relationships, psychology, spirituality, sociology, cultural diversity, pharmacology, nutrition and diet therapy, vocation, legal and ethical aspects of nursing.	Uses concepts in anatomy, physiology, chemistry, physics, microbiology, sociology, psychology, communications, growth and development, interpersonal relationships, group dynamics, cultural diversity, spirituality, pharmacology, nutrition and diet therapy, pathophysiology, ethics, nursing history, trends and theories, professional and legal aspects of nursing, leadership and management in nursing, and teaching-learning theory.	Uses concepts in anatomy, physiology, chemistry, physics, microbiology, sociology, psychology, communications, growth and development, interpersonal relationships, group dynamics, cultural diversity, spirituality, pharmacology, nutrition and diet therapy, pathophysiology, ethics, nursing history, trends and theories, professional and legal aspects of nursing, leadership and management in nursing, and teaching-learning theory and, in addition, uses concepts of nursing research and community health.

FUNCTION: PROVIDE				
COMPETENCIES	CNA	LPN	ADN/DIPLOMA	BSN
Technical/Professional - professional skills, including psychomotor, interpersonal, and cognitive skills	Observes and reports changes that affect clients ability to perform ADL's. Performs delegated nursing tasks under the direct supervision of a licensed nursing team member. Adheres to accepted standards.	Assists in collecting assessment data for individual clients. Delivers direct care as delegated. Adheres to accepted standards.	Establishes data base for client based on holistic assessment of health needs of clients. Delivers direct care based on accepted nursing standards.	Delivers and coordinates care for individuals and groups based on nursing theory, research, and accepted nursing standards. Establishes database for aggregate and community as a whole.
Contextual - examining and understanding the social, economic and cultural setting for professional practice	Identifies similarities and differences among clients. Shows respect for the individual.	Recognizes sociocultural differences that may affect care.	Incorporates understanding of sociocultural differences in the provision of care to clients and families.	Assesses and analyzes the impact of sociocultural differences in the coordination of care across the curriculum.
Interpersonal Communication - inclusive of all aspects of communication - writing, speaking, listening and reading comprehension.	Uses basic communication techniques. Shows respect for the individual.	Utilizes basic therapeutic communication techniques to establish/maintain nurse-client relationship. Documents care appropriately.	Utilizes techniques of therapeutic communication to establish and maintain therapeutic relationships, giving consideration to sociocultural differences.	Applies theories of therapeutic communication and analyzes the effects of sociocultural differences in the coordination of care across the curriculum.

FUNCTION: PROVIDE				
COMPETENCIES	CNA	LPN	ADN/DIPLOMA	BSN
Integrative - how to use theory in practice - includes reasoning, decision making, and problem solving (implies critical thinking).	Follows directives of licensed members of health care team.	Identifies common needs and problems and assists with the formulation of the individualized plan of care.	Analyzes data from client, family and other health care resources and selects appropriate nursing diagnosis.	Synthesizes data base to formulate and prioritize comprehensive actual and potential nursing diagnoses for the client, family and groups across the continuum of care.
Adaptive - working with change - detection of changing conditions, adapting to it - anticipating the need for change.	Adapts care as directed by licensed member of health care team.	Participates in the evaluation of nursing care given and implements necessary changes.	Evaluates client and significant other status and identifies alternative methods of meeting needs, incorporating an understanding of sociocultural differences.	Anticipates clients, significant other and group needs and modifies care based on evaluation, incorporating an in-depth understanding of sociocultural differences.

FUNCTION: MANAGE - To take charge - someone who takes charge of or controls a situation; someone who can handle or succeed in accomplishing an affair of business.				
COMPETENCIES	CNA	LPN	ADN/DIPLOMA	BSN
Conceptual - theoretical/foundational knowledge upon which professional practice is based	Understands role of assistive worker.	Accepts management direction from supervisory personnel. Understands role as member of health care team.	Utilizes principles of leadership, problem solving and decision-making and conflict resolution in the management of care.	Integrates management and nursing theory in providing direction to health team participants. Applies principles of leadership applicable to management of client care within health care settings including communities.
Technical/Professional - professional skills, including psychomotor, interpersonal, and cognitive skills	Follows orders and guidelines of protocol. Is responsive to focus of health care team.	Organizes and provides care for own clients based on prioritized needs.	Establishes priorities for organizing nursing care among individual clients.	Uses management theory base to analyze and implement effective work systems. Establishes priorities for organizing nursing care for individuals, significant others and community groups. Develops strategies to obtain needed health care resources within the practice environment.

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FUNCTION: MANAGE - To take charge - someone who takes charge of or controls a situation; someone who can handle or succeed in accomplishing an affair of business.				
COMPETENCIES	CNA	LPN	ADN/DIPLOMA	BSN
Contextual - examining and understanding the social, economic and cultural setting for professional practice	Identifies role of staff members within work setting.	Assists in providing guidance to assistive personnel within established protocols.	Recognizes individual client and family characteristics in establishing priorities for care.	Incorporates knowledge of individuals, families and community characteristics in planning health care for groups of clients.
Interpersonal Communication - inclusive of all aspects of communication - writing, speaking, listening and reading comprehension.	Is responsive to direction provided.	Uses effective interpersonal relationship skills with other members of the health care team.	Provides direction other members of the health care team.	Initiates interactions with all members of health care team to resolve problems, provide continuity of care. Interacts effectively with other members of the health care team in planning and directing patient care. Initiates interactions with all members of the health care team and others as appropriate.

FUNCTION: MANAGE - To take charge - someone who takes charge of or controls a situation; someone who can handle or succeed in accomplishing an affair of business.				
COMPETENCIES	CNA	LPN	ADN/DIPLOMA	BSN
Integrative - how to use theory in practice - includes reasoning, decision making, and problem solving (implies critical thinking).	Assists members of health care team with implementing plan of care. Reports problems observed to appropriate person.	Assists members of health care team with implementing plan of care. Under the supervision of RN, provides direction to health care personnel to whom care is delegated.	Collaborates with other members of the health care team in planning, providing and directing care. Delegates aspects of care to and supervises appropriate health care personnel.	Initiates and evaluates collaboration with other members of the health care team.

FUNCTION: MANAGE - To take charge - someone who takes charge of or controls a situation; someone who can handle or succeed in accomplishing an affair of business.				
COMPETENCIES	CNA	LPN	ADN/DIPLOMA	BSN
Adaptive - working with change - detection of changing conditions, adapting to it - anticipating the need for change.	Utilizes equipment and supplies in a cost effective manner.	Identifies need for change and brings needs to attention of supervisory personnel. Incorporates institutional changes into practice. Makes effective use of equipment and supplies while assuring quality care and client satisfaction.	participates in evaluation of established nursing standards and policies. provides support in implementing policy and practice changes. Adjusts practice to achieve cost effectiveness while maintaining quality.	Participates in the development and evaluation of standards of nursing care. Anticipates need for changing conditions within the work place based on current and projected reforms in health care delivery, costs and provisions of financial resources. Uses appropriate equipment and supplies in a cost effective manner while maintaining and assuring quality and client satisfaction. Uses formal/informal power sources to initiate changes to improve client care.

FUNCTION: TEACH - based on educational theory - to show or help to learn how to do something - to train or cause to understand				
COMPETENCIES	CNA	LPN	ADN/DIPLOMA	BSN
Conceptual - theoretical/foundational knowledge upon which professional practice is based	Recognizes need for environment conducive to learning.	Understands critical elements of individualized teaching plans.	Applies teaching/learning principles to adapt standardized teaching plans to meet individual learner needs.	Integrates theory of learning and nursing in design of teaching for individuals, groups and communities.
Technical/Professional - professional skills, including psychomotor, interpersonal, and cognitive skills	Reports client questions to LPN/RN	Assists in the formulation and implementation of a teaching plan. Gathers and reports data about learning needs as directed by plan of care.	Assesses learning readiness of clients and families. Modifies standard teaching plans to meet individual needs. Implements and documents appropriate teaching of the client/significant others.	Assesses learning readiness for clients, families and groups. Establishes and coordinates and evaluates the implementation of comprehensive teaching plans for clients, families and groups.
Contextual - examining and understanding the social, economic and cultural setting for professional practice	Identifies similarities and differences among clients.	Identifies sociocultural differences that may effect teaching/learning.	Selects an appropriate teaching methodology to implement the teaching plan, while incorporating an understanding of sociocultural differences.	Designs plans within the socio economic cultural context of the learner.
Interpersonal Communication - inclusive of all aspects of communication - writing, speaking, listening and reading comprehension.	Reports client responses to teaching plan.	Uses basic therapeutic communication technology and terminology appropriate to client's level of understanding to reinforce teaching plan.	Utilizes appropriate therapeutic communication techniques when providing instruction to clients and their families.	Applies theories of therapeutic communication in the teaching/learning process with individuals, families, groups and communities.

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FUNCTION: TEACH - based on educational theory - to show or help to learn how to do something - to train or cause to understand				
COMPETENCIES	CNA	LPN	ADN/DIPLOMA	BSN
Integrative - how to use theory in practice - includes reasoning, decision making, and problem solving (implies critical thinking).	Follows practices prescribed in teaching plan.	Participates with other members of the health care team in the use of standard teaching guides selected for specific situations as directed.	Collaborates with other members of the health care team in the implementation of individualized teaching plan.	Directs collaboration with other members of health care team in development and implementation of individual teaching plans.
Adaptive - working with change - detection of changing conditions, adapting to it - anticipating the need for change.	Reports observations.	Collects data about effectiveness of teaching/learning plan as directed.	Modifies teaching/learning plan based on evaluation of learner response.	Modifies teaching/learning plan to acknowledge anticipated needs.

FUNCTION: RESEARCH - to carefully, systematically, and patiently investigate a field of knowledge, by a search for facts				
COMPETENCIES	CNA	LPN	ADN/DIPLOMA	BSN
Conceptual - theoretical/foundational knowledge upon which professional practice is based	Expectations for CNAs in caring for patients under research protocols do not differ from those under Provide, Manage, Teach or Member of Discipline.	Recognizes research as a source of knowledge for practice.	Recognizes that nursing behaviors are guided by and emerge from behavioral and physiological theories. Understands the ethical and legal rights of the individual in the research process.	Identifies appropriate use of common nursing theories, behavioral and physiological theories in research. Understands the ethical and legal principles of research.
Technical/Professional - professional skills, including psychomotor, interpersonal, and cognitive skills	Expectations for CNAs in caring for patients under research protocols do not differ from those under Provide, Manage, Teach or Member of Discipline.	Participates in data collection within established studies.	Carries out established research protocols.	Designs and implements studies to evaluate care. Modifies care to reflect research findings.
Contextual - examining and understanding the social, economic and cultural setting for professional practice	Expectations for CNAs in caring for patients under research protocols do not differ from those under Provide, Manage, Teach or Member of Discipline.	Recognizes the right of the individual in the research process.	Understands the applicability of findings based on variation (age, gender, race, etc.) of individual clients. Ensures rights of individual clients in the research process.	Incorporates the ethical principles and the consideration of socio-economic-cultural developmental differences in the design and implementation of nursing research studies.

FUNCTION: RESEARCH - to carefully, systematically, and patiently investigate a field of knowledge, by a search for facts				
COMPETENCIES	CNA	LPN	ADN/DIPLOMA	BSN
Interpersonal Communication - inclusive of all aspects of communication - writing, speaking, listening and reading comprehension.	Expectations for CNAs in caring for patients under research protocols do not differ from those under Provide, Manage, Teach or Member of Discipline.	Reports observed responses and relays questions to protocol coordinator.	Participates in determining feasibility of research plans.	Interprets research directives for plans of care. Summarizes research findings as applicable for practice; applies research findings in implementation of nursing care.
Integrative - how to use theory in practice - includes reasoning, decision making, and problem solving (implies critical thinking).	Expectations for CNAs in caring for patients under research protocols do not differ from those under Provide, Manage, Teach or Member of Discipline.	Expectations for LPNs in caring for patients under research protocols do not differ from those under Provide, Manage, Teach or Member of Discipline.	Uses research findings in problem solving and decision making as part of the health care team. Participates in the integration of research results in the modification of practice standards, policies and procedures.	Applies research results appropriately in modifying practice standards, policies and procedures.
Adaptive - working with change - detection of changing conditions, adapting to it - anticipating the need for change.	Expectations for CNAs in caring for patients under research protocols do not differ from those under Provide, Manage, Teach or Member of Discipline.	Expectations for LPNs in caring for patients under research protocols do not differ from those under Provide, Manage, Teach or Member of Discipline.	Identifies areas of uncertainty in practice which merit study.	Recognizes inconsistent research results.

PANEL RECOMMENDATIONS FOR IMPLEMENTING THE MODEL

1. Design a marketing plan to "sell" the model.

   Plan: The panel attempted to keep the process "in front" of the professional community. Representatives to the panel communicated with colleagues across the state and were diligent in their work to accomplish the goals set before them. Further meetings are planned to continue with the implementation phase. The model is to be fully implemented in fall 2000. Panel leadership also plans to present the Illinois Nursing Articulation Model to state and national nursing organizations.

2. Design a follow-up evaluation plan.

   Plan: The task force recognized the model as the initial step in a five-year plan. Part of the process will include not only the implementation stages, but also the follow-up processes to ensure that objectives of the model have been addressed and that issues are resolved. A monitoring and evaluation plan needs to be developed.

3. Seek funding for implementing this model.

   Plan: Seek funding through a Robert Woods Johnson Grant on nursing articulation. A process to assist all programs in achieving and maintaining NLN accreditation is needed to meet the model guidelines.

4. Revise curriculum to meet competencies.

   Plan: The panel expects significant consideration and revision of current curriculum is necessary for this model to be successful in meeting the goals of the initiative. The curricula of all programs and hours of "articulation credits" need to be reviewed prior to the implementation date. Evaluate curriculum for stronger emphasis on wellness, health promotion, and maintenance. Address cross-disciplinary curricular issues.

5. Targeted implementation date of fall 2000.

   Plan: Students under this articulation model will be admitted to revised curriculum; therefore, an implementation plan needs to be developed providing sample direction for programs to follow.

6. Incorporate the general education core curriculum intended to facilitate transfer between or among institutions.

   Plan: The transferability of general education core curriculum of nursing students also should be monitored for compliance with the model.

GLOSSARY

Accrediting body	Group assigned responsibility to recognize that an institution has met predetermined standards. The accreditation process is voluntary and standards are set by members of the organization. The recognized accrediting body for nursing education is the National League for Nursing.
Adaptive competence	Ability to anticipate and accommodate changes (for example, technological changes) important to the field.
Activities of Daily Living	The activities usually performed in the course of a normal day of a person's life, such as eating, toileting, dressing, washing, or brushing the teeth.
Approval	Used in this document to indicate that a nursing program functions within the constraints of its governing body and meets external certification requirements as appropriate to the type of education.
Articulation	A process whereby programs cooperate to facilitate transfer without duplication of academic and technical coursework and involves evaluating program and course comparability among institutions.
Bridge course	A type of nursing course, specific to the receiving institution, that validates prior knowledge, as well as provides additional content. Also referred to as a transition/validation course and would have to be completed satisfactorily prior to the award of credit held in escrow.
Bridge process	Bridge as a process may include courses that are part of the curriculum of the receiving school deemed necessary for meeting expectations of the bridge nursing course and award of credit held in escrow.
Client	Participant in the care process along with the persons charged with provision of nursing care.
Community	A group of people residing in a designated geographical area, sharing common interests or bonds.
Competency	A statement denoting agreement on the condition or quality of an ability.
Conceptual competence	Understanding the theoretical foundations of the profession.
Contextual competence	Understanding the societal context (environment) in which the profession is practiced.
Escrow	A mechanism by which advanced placement credit for prior nursing coursework is held in "escrow" until a student successfully has completed coursework specified by the receiving institution.
Externship	A period of apprenticeship for a student who is affiliated with an institution but is serving or training in a health care facility outside of his/her institution.

Family	A group of people related by heredity, such as parents, children and siblings. The term sometimes is broadened to include persons related by marriage or those living in the same household who are emotionally attached, interact regularly, and share concerns for the growth and development of the family and its individual members.
Free-standing	Denotes a program with a self-contained curriculum.
Function	Occupation or employment. A special course of work or activity.
General education	Education which is complementary to that which is more specifically directed to enabling an individual to function safely and effectively in the field of nursing. Historically considered an important dimension in any person's educational process and supports that person's ability for "thinking and communication skills, historical consciousness, understanding of what science is, exploration of personal values, appreciation of fine art, and appreciation of ethnic diversity (Association of American Colleges 1985, pp. 18-26, as stated in Leddy and Pepper, p. 5).
General education core	"The general education curriculum constitutes that part of an undergraduate education that develops breadth of knowledge and the expressive skills essential to more complex and in-depth learning throughout life. To develop a breadth of knowledge, general education courses acquaint students with the methods of inquiry of the various academic disciplines and the different ways these disciplines view the world. The academic disciplines comprising the general education curriculum are the humanities and fine arts, the social and behavioral sciences, the physical and life sciences, and interdisciplinary combinations of these. To develop expressive skills, the general education curriculum requires courses that enhance written and oral communication and quantitative reasoning skills." (Illinois Articulation Initiative - 10/1/93).
Holistic	Greater than the sum of the parts; treatment of the whole organism, not just symptoms of a disease.
IDPH	Illinois Department of Public Health.
Integrative competence	Ability to meld theory and technical skills in actual practice.
Internship	A period of apprenticeship for a student who trains or serves in a hospital or other health care facility for a specified period before beginning professional practice.
Interpersonal communication competence	Ability to use written and oral communication effectively.
Levels of education for articulation	Certified Nursing Assistant (CNA) - one who has satisfactorily completed a state approved Nurse Assistant program and holds current certification. Licensed Practical Nurse (LPN) - one who has satisfactorily completed a state approved Practical Nurse program of not less than one year in length and holds a current license to practice as an LPN.

	Associate Degree Nurse (ADN)/diploma Nurse - one who has satisfactorily completed a state approved Associate Degree or diploma Nursing program, at least two years in length, and holds a current license to practice as an RN.
	Bachelor of Science in Nursing (BSN) or Bachelor of Arts in Nursing (BAN) or Bachelor of Science with a major in nursing - one who has satisfactorily completed a state approved baccalaureate program in nursing and holds a current license to practice as an RN.
Manage	To take charge or control of a situation; to handle or succeed in accomplishing an affair of business.
Member of Discipline	Represents a characteristic behavior within an identity.
NLN (National League for Nursing)	An accrediting body whose standards at each level of nursing education from LPN to MSN serve as guidelines for program self-evaluation and appraisal of nursing programs.
OBRA	Omnibus Budget Reconciliation Act.
Provide	To supply.
Registered Nurse	Certified by the State of Illinois' Nurse Practice Act as having met the stated criteria.
Research	To carefully, systematically, and patiently investigate a field of knowledge, by a search for facts.
Role	The part a person plays in a specific situation. Roles are classifications of behavior and may reflect personal, social, or occupational domains.
Significant Other	An individual or group that forms an important resource and support for another individual.
Skill	Ability to do something well, especially as the result of long practical experience.
Structured Environment	A setting that has regular expectations and rules for care provision that establish standard conduct.
Task	A piece of work assigned to or demanded of a person.
Teach	Based on educational theory, to show or help to learn how to do something; to train or cause to understand.
Technical competence	Ability to perform tasks required of the professional.
Transfer	The process by which a student moves from one institution to another.
Unstructured Environment	A setting that holds less predictable expectations of the practice person.

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